

SERFF Tracking Number:	NGLI-126468522	State:	Arkansas
Filing Company:	National Guardian Life Insurance Company	State Tracking Number:	44714
Company Tracking Number:	NHGRPOL-RID		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Modification Rider		
Project Name/Number:	/		

## Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Modification Rider

SERFF Tr Num: NGLI-126468522 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-Closed  
Closed

Sub-TOI: H21.000 Health - Other

Co Tr Num: NHGRPOL-RID

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 01/28/2010

Date Submitted: 01/28/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Discretionary, Other

Filing Status Changed: 01/28/2010

Explanation for Other Group Market Type:

CREDIT UNION

State Status Changed: 01/28/2010

Deemer Date:

Created By: Kim Bolinder

Submitted By: Kim Bolinder

Corresponding Filing Tracking Number:

Filing Description:

RE: NHGRPOL-RID

The enclosed Policy Modifications Rider will be used to amend any health or life insurance policy or certificate to reflect changes in insurance amounts, increases or decreases in benefits, name changes, etc. A John Doe sample of the form is provided.

A Statement of Variability is also included, to provide examples of additional uses of the form.

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Please note that this form was previously approved in conjunction with a Group Disability Income Policy filing , under AR filing number 39357, SERFF number HARP-125623027. The purpose of this filing is to extend the approval for use on a general case basis, i.e., with additional policy forms other than those with which it was initially submitted. We also plan to use the rider with any form approved at a later date.

## Company and Contact

### Filing Contact Information

Kim Bolinder, Policy Forms Specialist	kabolinder@nglic.com
2 East Gilman Street	608-443-5335 [Phone]
Madison, WI 53701	608-443-5365 [FAX]

### Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5325[Phone]	FEIN Number: 39-0493780	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	01/28/2010	33852910

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2010	01/28/2010

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## Disposition

Disposition Date: 01/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	STATEMENT OF VARIABILITY	Approved-Closed	Yes
Form	MODIFICATION RIDER	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: NHGRPOL-RID

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/28/2010	NHGRPOL-RID	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	MODIFICATION RIDER	Initial			NHGRPOL- RID.pdf



A Mutual Company Incorporated in 1909  
PO Box 1191 • Madison, WI 53701-1191

Administrative Office: [Starmount Financial Corporation, 8485 Goodwood Blvd., P.O. Box 98100  
Baton Rouge, LA 70809-9100  
Toll Free Telephone No: 1-888-729-5433]

### Policy Modifications

**Policy Modifications:** Policy/Certificate Number [Current Policy/Certificate #], Form # [NDNGRP 04/06] [NVIGRP 5/07] is amended as follows:

[The Policyholder is changed from [Original Name of Group to whom policy was issued] to [New Name of Group for which coverage remains in force].

[The Anniversary Date is changed from [Original Anniversary Date] to [New Anniversary Date].

[The Initial Term is changed from [12 months] to [15 months]

[The Initial Premium Rate guarantee period shown on the Premium Schedule is changed to read as follows:  
Initial Premium Rate is guaranteed from [initial effective date, 2009] to [new renewal date, 2010].]

[New premium rates as a result of this change are: \$XX.XX per month ]

[The following procedure is added to the Schedule of Covered Procedures:

Covered Procedures	Procedure Class*	Waiting Period (Months)	Limitation	Maximum Reimbursement	
[Adjunctive Pre-Diagnostic Oral Cancer Screening]	[A]	[(0)]	(e) (jj)	Up to \$45	Up to \$45


]


In all other respects, the Policy/Certificate remains the same.

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**RIDER:** This rider, issued [January 1, 2009], forms a part of Policy/Certificate No. [2ABC109] issued to [Policyholder]. It is effective [Date change is effective]. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for **The Company**

  
Sherri Kliczak, Secretary

  
John Larson, President

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	01/28/2010
<b>Comments:</b>			
<b>Attachments:</b>			
	AR - Required Cert- DV- Rider.pdf		
	AR - Required Certification 2 - Title 19.pdf		
	AR-COR- Rider.pdf		
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved-Closed	01/28/2010
<b>Bypass Reason:</b>	NOT APPLICABLE - RIDER ONLY FILING		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	01/28/2010
<b>Bypass Reason:</b>	NOT APPLICABLE - RIDER ONLY FILING		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	01/28/2010
<b>Bypass Reason:</b>	NOT APPLICABLE - RIDER ONLY FILING		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	STATEMENT OF VARIABILITY	Approved-Closed	01/28/2010
<b>Comments:</b>			
<b>Attachment:</b>			



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**NHGRPOL-RID Stmt of Variables.pdf**



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, an officer of *National Guardian Life Insurance Company*, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. The required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- Similarly, the required Life and Health Guaranty Association Notice is automatically included with each policy issued in Arkansas, in compliance with Regulation 49.

January 27, 2010

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*Signature*

*Date*

**Mark Neidinger**

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Peggy Kratz

Title: Senior Form Filing Specialist

Phone #: (608) 443-5325

Email: plkratz@nglic.com



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

I, **Mark C. Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify that, to the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

January 27, 2010

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*Signature*

*Date*

***Mark C. Neidinger***

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Form Filing Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com

## CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
NHGRPOL-RID	45.7



Signature

January 27, 2010

Date

**Mark C. Neidinger**

Associate General Counsel and Company Officer

Form NHGRPOL-RID  
Statement of Variability

The attached endorsement will be used to make the following types of changes to the policy to which it is attached. These are examples, and may not be all inclusive.

1. Changes in the insured's/policyholder's name
2. Changes in the premium due date
3. Change in initial rate guarantee
4. Change in premium rates, including type of premium tier
5. Addition or deletion of dependents
6. Change in eligibility, i.e., Adding/Deleting Class of Employees
7. Change Dependent age eligibility – per state mandate, or upon group's request
8. Change in the effective date or termination date
9. Adding or Deleting Optional Benefit Riders
10. Change in benefit amount, benefit limits, waiting periods, or elimination periods.  
Note that the changes in benefit amounts, benefit limits, waiting periods, or elimination periods will always be in accordance with the previously approved variability for the policy to which the endorsement is attached.
11. With respect to Dental insurance, adding a Covered Procedure to the list of Covered Dental Procedures